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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

11846

Facility Name:

Long Beach Memorial Medical Center

Address:

2801 Atlantic Ave.

City:

Long Beach

Hospital Owner/Licensee:

Wendy Dorchester

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Mark Shuck

Submission Date:

1/8/2013 4:06:13 PM

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5,for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-01789	2A-2C- Central Plant & Additions	2801 Atlantic Ave.	Retrofit	SPC2	01/01/2015	02/01/2013
BLD-01793	4A 4B- Memorial West - Rehab Unit	2801 Atlantic Ave.	Retrofit	SPC2	01/01/2015	02/01/2013
BLD-03123	1A -1K Main Tower & Additions	2801 Atlantic Ave.	Retrofit	SPC2	01/01/2015	06/01/2013

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		2A-2C- Central Plant & Additions		Retrofit/Replacement Project:		Hazus-Submitted			
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11846	HL090658-0	0		4/1/2009 12:00:00 AM	7/29/2010 12:00:00 AM			FIEL	No
11846	SL090302-0	0		2/11/2009 12:00:00 AM	3/10/2009 12:00:00 AM	03/24/2009		CLOS	No

Building No:		4A 4B- Memorial West - Rehab Unit		Retrofit/Replacement Project:		Hazus-Submitted			
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11846	HL090658-0	0		4/1/2009 12:00:00 AM	7/29/2010 12:00:00 AM			FIEL	No
11846	SL090302-0	0		2/11/2009 12:00:00 AM	3/10/2009 12:00:00 AM			CLOS	No
11846	SL090660-0	0		4/1/2009 12:00:00 AM	4/1/2009 12:00:00 AM			CLOS	No

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Building No:

BLD-03123

1A -1K Main Tower & Additions

Retrofit/Replacement  
Project:

Hazus-Submitted

Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11846	HL090658-0	0		4/1/2009 12:00:00 AM	7/29/2010 12:00:00 AM			FIEL	No

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01789**

Building Name: **2A-2C- Central Plant & Additions**

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>

Total Beds this Building

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/Imaging
- Pharmaceutical
- Dietetic
- Administration
- Support Services
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01793**Building Name: **4A 4B- Memorial West - Rehab Unit****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

## Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-03123**Building Name: **1A -1K Main Tower & Additions****Type of Service Provided**

<input checked="" type="checkbox"/>	Nursing	Inpatient Beds	<input type="text" value="352"/>	Inpatient Days	<input type="text" value="127985"/>	<input checked="" type="checkbox"/>	Surgical	<input checked="" type="checkbox"/>	Obstetrical Recovery	
<input checked="" type="checkbox"/>	IntensiveCare	Inpatient Beds	<input type="text" value="73"/>	Inpatient Days	<input type="text" value="24583"/>	<input checked="" type="checkbox"/>	Anesthesia	<input checked="" type="checkbox"/>	Newborn/WellBaby	
<input type="checkbox"/>	Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/>	Clinical Lab	<input type="checkbox"/>	Emergency	
<input type="checkbox"/>	Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Radiological/Imaging	<input checked="" type="checkbox"/>	Nuclear Medicine	
<input checked="" type="checkbox"/>	Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="59"/>	Inpatient Days	<input type="text" value="20974"/>	<input checked="" type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>	Rehabilitation Therapy	
<input type="checkbox"/>	Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Dietetic	<input type="checkbox"/>	Renal Dialysis	
<input type="checkbox"/>	Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	Administration	<input type="checkbox"/>	Outpatient Surgery	
			<b>Total Beds this Building</b>	<input type="text" value="484"/>			<input checked="" type="checkbox"/>	Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/>	Central Plant

Provide the number of Inpatient beds and patient days per type of Unit per building per Section 130061(c)(1)(F)

Building Number:

BLD-01789

Building Name:

2A-2C- Central Plant &amp; Additions

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01793

Building Name: 4A 4B- Memorial West - Rehab Unit

**Medical / Surgical (Include GYN)**Inpatient Bed  Inpatient Days **Acute Respiratory Care**Inpatient Bed  Inpatient Days **Acute Psychiatric**Inpatient Bed  Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed  Inpatient Days **Burn**Inpatient Bed  Inpatient Days **Skilled Nursing**Inpatient Bed  Inpatient Days **Pediatric**Inpatient Bed  Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed  Inpatient Days **Intermediate Card**Inpatient Bed  Inpatient Days **Intensive Care**Inpatient Bed  Inpatient Days **Rehabilitation Center**Inpatient Bed  Inpatient Days **Int. Care / development Disabled**Inpatient Bed  Inpatient Days **Coronary Care**Inpatient Bed  Inpatient Days **Chemical Dependency**Inpatient Bed  Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

## Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-03123

Building Name: 1A -1K Main Tower &amp; Additions

**Medical / Surgical (Include GYN)**Inpatient Bed 352 Inpatient Days 1279  
85**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**Inpatient Bed 59 Inpatient Days 2097  
4**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 12 Inpatient Days 2717

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**Inpatient Bed 61 Inpatient Days 2186  
6**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

484

**Total Beds this Building Per Service**

484

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01789	2A-2C- Central Plant & Additions	Retrofit
BLD-01792	03 - Memorial West - Nursing Unit	Remain
BLD-01793	4A 4B- Memorial West - Rehab Unit	Retrofit
BLD-01795	5 - X-Ray Addition	Remain
BLD-01796	6A-6C - Surgery & Addition	Remain
BLD-01799	7A-7B - Outpatient Surgery	Remain
BLD-01800	8 - Cancer Prevention Center	Remain
BLD-02637	10 - Emergency Power Area	Remain
BLD-03123	1A -1K Main Tower & Additions	Retrofit
BLD-03524	9 - ER Addition & Remodel	Remain

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Report Status: **Data Last Update:** 10/23/2012

**Submission Date:** 01/08/2013

**Print Date:** 1/9/2013 6:25 AM

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01789

Building Name:

2A-2C- Central Plant &amp; Additions

## Type of Service Provided

 Nursing IntensiveCare Pediatric/Adol  
escent Psychiatric  
Nursing Obstetrical  
Ante/Postprtum Intermediate  
Care Skilled Nursing Surgical Anesthesia Clinical Lab Radiological/  
Imaging Pharmaceutical Dietetic Administration Obstetrical  
Cesarean/Deliv Obstetrical  
Recovery Newborn/  
WellBaby Emergency Nuclear  
Medicine Rehabilitation  
Therapy Renal Dialysis Outpatient  
Surgery Central Plant Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01793

Building Name:

4A 4B- Memorial West - Rehab Unit

### Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol  
escent

 Psychiatric  
Nursing

 Obstetrical  
Ante/Postprtum

 Intermediate  
Care

 Skilled Nursing

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/  
Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical  
Cesarean/Deliv

 Obstetrical  
Recovery

 Newborn/  
WellBaby

 Emergency

 Nuclear  
Medicine

 Rehabilitation  
Therapy

 Renal Dialysis

 Outpatient  
Surgery

 Central Plant

 Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-03123

Building Name:

1A -1K Main Tower &amp; Additions

### Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01789

Building Name: 2A-2C- Central Plant &amp; Additions

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:  Building Name:

Configuration:

#### Type of Service Provided

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> Nursing                  | <input type="checkbox"/> Surgical                  | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                       | <input type="checkbox"/> Anesthesia                | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                       |
| <input checked="" type="checkbox"/> Pediatric/Adol<br>escent | <input type="checkbox"/> Clinical Lab              | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery                |
| <input type="checkbox"/> Psychiatric<br>Nursing              | <input type="checkbox"/> Radiological/<br>Imaging  | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                        |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum       | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Nuclear Medicine              | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care                | <input type="checkbox"/> Dietetic                  |  |   |
| <input checked="" type="checkbox"/> Skilled Nursing          | <input checked="" type="checkbox"/> Administration |  |   |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:  Building Name:

Configuration:

#### Type of Service Provided

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Nursing                       | <input type="checkbox"/> Surgical                 | <input type="checkbox"/> Obstetrical<br>Cesarean/Deliv | <input checked="" type="checkbox"/> Rehabilitation<br>Therapy |
| <input type="checkbox"/> IntensiveCare                 | <input type="checkbox"/> Anesthesia               | <input type="checkbox"/> Obstetrical<br>Recovery       | <input type="checkbox"/> Renal Dialysis                       |
| <input type="checkbox"/> Pediatric/Adol<br>escent      | <input type="checkbox"/> Clinical Lab             | <input type="checkbox"/> Newborn/<br>WellBaby          | <input type="checkbox"/> Outpatient<br>Surgery                |
| <input type="checkbox"/> Psychiatric<br>Nursing        | <input type="checkbox"/> Radiological/<br>Imaging | <input type="checkbox"/> Emergency                     | <input type="checkbox"/> Central Plant                        |
| <input type="checkbox"/> Obstetrical<br>Ante/Postprtum | <input type="checkbox"/> Pharmaceutical           | <input type="checkbox"/> Nuclear Medicine              | <input checked="" type="checkbox"/> Support<br>Services       |
| <input type="checkbox"/> Intermediate<br>Care          | <input type="checkbox"/> Dietetic                 | <input type="checkbox"/> Administration                |   |
| <input type="checkbox"/> Skilled Nursing               |   |  |   |

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:  Building Name:

Configuration:

#### Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01796 Building Name: 6A-6C - Surgery & Addition

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

#### Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:  Building Name:

Configuration:

#### Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01800 Building Name: 8 - Cancer Prevention Center

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

#### Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:  Building Name:

Configuration:

#### Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-03123

Building Name: 1A -1K Main Tower &amp; Additions

Configuration: Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-03524

Building Name: 9 - ER Addition &amp; Remodel

Configuration: Retrofit Conforming building to NPC 4 or NPC 5

**Type of Service Provided**

Nursing

IntensiveCare

Pediatric/Adol  
escentPsychiatric  
NursingObstetrical  
Ante/PostprtumIntermediate  
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/  
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical  
Cesarean/DelivObstetrical  
RecoveryNewborn/  
WellBaby

Emergency

Nuclear Medicine

Rehabilitation  
Therapy

Renal Dialysis

Outpatient  
Surgery

Central Plant

Support  
Services

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number:  Building Name:

**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="42"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input checked="" type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="54"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Newborn/WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="42"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="138"/>			

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number:  Building Name:

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number:  Building Name:

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01799**Building Name: **7A-7B - Outpatient Surgery****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number:  Building Name:

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-02637**Building Name: **10 - Emergency Power Area****Type of Service Provided**
 Nursing Inpatient Beds 
 IntensiveCare Inpatient Beds 
 Pediatric/Adol escent Inpatient Beds 
 Psychiatric Nursing Inpatient Beds 
 Obstetrical Ante/Postprtum Inpatient Beds 
 Intermediate Care Inpatient Beds 
 Skilled Nursing Inpatient Beds 

 Total Beds this Building 
 Surgical

 Anesthesia

 Clinical Lab

 Radiological/ Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical Cesarean/Deliv

 Obstetrical Recovery

 Newborn/ WellBaby

 Emergency

 Nuclear Medicine

 Rehabilitation Therapy

 Renal Dialysis

 Outpatient Surgery

 Central Plant

 Support Services

**Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

Building Number:  Building Name:

**Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

**Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)**

**Building Number:**  **Building Name:**

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01795

Building Name:

5 - X-Ray Addition

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01796

Building Name:

6A-6C - Surgery &amp; Addition

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01799

Building Name:

7A-7B - Outpatient Surgery

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01800

Building Name:

8 - Cancer Prevention Center

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-02637

Building Name:

10 - Emergency Power Area

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-03524

Building Name:

9 - ER Addition &amp; Remodel

**Medical / Surgical (Include GYN)**Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Report Year:

2012

11846

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